Case Number:	CM15-0219083		
Date Assigned:	11/12/2015	Date of Injury:	03/23/2015
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female who sustained an industrial injury on 3-23-15. A review of the medical records indicates she is undergoing treatment for lumbar discogenic myofascial pain with myospasm, disc protrusion with annular tear at L4-L5, disc bulge at L5-S1, and disc desiccation at L3-4 and L4-5. Medical records (8-24-15, 9-28-15) indicate complaints of mid lower back pain that radiates to her "tailbone" and lower extremity. She has rated the pain "8-10 out of 10." She reports difficulty with donning shoes, climbing stairs, standing, rising from a chair, getting in and out of a car, sleeping, and engaging in sexual activity. The physical exam (9-28-15) reveals diminished lumbar range of motion. The provider indicates that there is "muscle splint of the lumbar spine with decreased lordosis." She is noted to be unable to toe and heel walk. The straight leg raise is positive on the right and "also positive contralateral straight leg raise." Decreased sensation is noted in the L4-5 distribution. Motor strength testing is "5 out of 5" in all muscle groups. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included physical therapy, medications, and modified work duties. The treatment plan includes an EMG-NCV of the right lower extremity and a right L4-5 epidural steroid injection. The utilization review (10-6-15) includes requests for authorization of EMG-NCV of the right lower extremity and epidural steroid injection at L4-L5. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG (electromyography)/NCV (nerve conduction velocity), right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - EMG (electromyography), NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS).

Decision rationale: The injured worker sustained a work related injury on 3-23-15. The medical records provided indicate the diagnosis of lumbar discogenic myofascial pain with myospasm, disc protrusion with annular tear at L4-L5, disc bulge at L5-S1, and disc desiccation at L3-4 and L4-5. Treatments have included physical therapy, medications, and modified work duties. The medical records provided for review do not indicate a medical necessity for EMG (electromyography) / NCV (nerve conduction velocity), right lower extremity. The MTUS does not recommend nerve studies when radiculopathy is clinically obvious as in this case with positive straight leg raise, positive contralateral straight leg raise, inability to walk on toes and heels. Also, the Official Disability Guidelines does not recommend lower extremity nerve conduction studies.

Epidural steroid injection, L4-L5 (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The injured worker sustained a work related injury on 3-23-15. The medical records provided indicate the diagnosis of lumbar discogenic myofascial pain with myospasm, disc protrusion with annular tear at L4-L5, disc bulge at L5-S1, and disc desiccation at L3-4 and L4-5. Treatments have included physical therapy, medications, and modified work duties The medical records provided for review do not indicate a medical necessity for Epidural steroid injection, L4-L5 (lumbar). The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment ((exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although the physical Examination revealed presence of lower extremity radiculopathy (evidenced by sensory loss, positive straight leg raise, and inability to walk on toes and heels), this was not corroborated by imaging or nerve studies.